

Beyond Right and Wrong

Six Parables for Medical Ethics

Jon Stanger, MD, MDiv, MHS

Objectives

Through the course of this presentation, attendees will begin to:

- Understand the ethical foundations of what it means to be a professional.
- Appreciate the perspectives offered by newer ethical theories – including the ethic of care and narrative ethics.
- Envision the challenge of a commitment to take suffering seriously.
- Consider the ethical dimensions of concerns for justice in health care today.
- Entertain the question, “How can we constructively talk to one another about difficult ethical issues?”

Current approaches to medical ethics customarily present a principle or rights-based prescription for resolving disagreements between contending parties in the health care arena. This approach tends to abstract the individual human experience of illness and suffering from questions of how we should care for one another. In recent years, there has been increasing interest in alternative ways to “see” ethical issues – resulting in a richer depiction of the moral life and a broader range of approaches to resolve ethical dilemmas.

Virtue Ethics and the Healing Professions:

In contrast to current approaches that focus on moral actions, “virtue ethics” emphasizes the moral character of the agent. It has been described as an “ethic of being” – as contrasted with an “ethic of doing”. Virtues are those traits of human excellence that, when embodied through human thought and action, constitute a “good life” – i.e. a life lived in fulfillment of our human end, or purpose, or *telos*. Thus, when considering medical ethics, we must ask ourselves two basic questions. First, “What is the *telos* of medicine?” and, second, “What sort of virtues should we embody as health care professionals?”

Etymologically, “profession” means “to make public declaration”. The oath we take upon entry into any of the healing professions invariably includes a dual commitment to competence and to serve the patient’s good. This singular devotion to the good of the patient and the corresponding virtues of trustworthiness, compassion, and honesty constitute the ethical warrant for our entrée into the lives and bodies of our patients.

The Ethics of Care:

The “ethics of care” has emerged largely from feminist critiques of the abstract, legalistic model of mainstream ethics. This perspective values interpersonal relationships, trust

and caring – all of which may be given short shrift in the more dominant mode of deductive ethical deliberation based upon rights, duties, and utility.

Narrative Ethics:

“Narrative ethics” emphasizes the moral importance of *meaning* inherent in the patient’s story. Here, the focus is upon the individual, unique experience of illness as recounted by the patient or family. Rather than seeking to understand how a given case fits universal moral rules, narrative ethics seeks to examine and comprehend the person and the situation on their own terms. Context – including such elements as chronology, history, setting, relationships, motivations, and emotions – becomes critical in discerning how we should respond ethically.

Narrative ethics entails a relational understanding of ethical discernment. “What we should do” is actually determined, in part, by the process of listening to and telling our stories. Thus, when faced with surrogate decision-making for an incapacitated person, priority shifts from assertions of legal entitlement and determination of rights, to a cooperative effort amongst moral intimates to “write” the next chapter of the patient’s narrative in a fashion congruent with his/her demonstrated life values.

Ethics of Compassion:

Suffering is frequently overlooked within a medical ethos that stresses efficient application of technological solutions to biomedical problems. The “ethics of compassion” asks that we, as health professionals, take suffering seriously. This requires more than a kindly disposition or warm bedside manner. Phenomenology of suffering, theories of suffering, and interventions to ameliorate suffering are basic tools of the professional who embraces an ethic of compassion.

Justice:

Social justice is a relatively new concern for medical ethics. The current “crisis” in our system of health care has produced a palpable tension between the professional’s traditional fidelity to the individual patient and calls for stewardship of scarce resources. How we choose to resolve this tension may dramatically influence the ethical foundations of medicine for years to come.

Discourse Ethics:

Many critics are concerned that the sphere of public discourse today is dominated by slogans, bumper stickers, sound bites, and “spin”. How can we constructively talk to one another about difficult ethical issues? The emerging field of “discourse ethics” engages this question and proposes a model of critical reflection based upon the ideal of finding common ground through human reason, despite uncertainty and pluralism. Here “human reason” refers not to a rigid structure of deductive or scientific proof, but to the process of respectful, inter-subjective discourse.

(For references or conversation, please contact me at jon.stanger@hsd.cccounty.us .)